STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000485	A. BUILDING: _____ B. WING _____	C 02/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY RETIREMENT COMMUNITY	400 W SEVENTH ST NORTH MANCHESTER, IN 46962

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00192687. Complaint IN00192687 - Unsubstantiated due to lack of evidence. Survey date: February 3, 2016. Facility number: 000485 Provider number: 155655 AIM number: 100291190 Census bed type: Residential: 125 Total: 125 Sample: 4 Peabody Retirement Community was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00192687. QR was completed by 99993 on 02/04/16.	R 000		